

### OFFICE OF FINANCIAL AND INSURANCE SERVICES

DEPARTMENT OF LABOR & ECONOMIC GROWTH DAVID C. HOLLISTER, DIRECTOR

**DATE:** May 21, 2004

**LETTER NO.:** 2004-CU-04

TO: The Board of Directors and Management of Michigan State-Chartered

Credit Unions

**SUBJECT:** Internal Revenue Service Form 990

The Office of Financial and Insurance Services files a consolidated Internal Revenue Service Form 990 - Return of Organization Exempt From Income Tax (an informational return) for all Michigan state-chartered credit unions. If your credit union receives any notices or other correspondence from the Internal Revenue Service questioning the filing of this form, please send them a copy of the enclosed tax return.

The enclosed 2003 Form 990 group return is filed based on reports submitted by 271 individual credit unions. We can assume no liability for these individual credit union reports. Liability, if any, for accuracy of these individual reports, tax interpretations, filing of any 990T, and tax liability remains the responsibility of the individual credit union.

Authorization is assumed under the supervisory authority delegated to this Office by the Michigan Statutes, and as authorized by the individual credit unions.

This 2003 return is filed in accordance with Revenue Ruling 60-364, and in compliance with the requirements of Henry Needham's December 31, 1956, letter and with subsequent IRS instructions. In 1987, Congress amended the Internal Revenue Code by adding subsection (e) to Section 6104. This states, in part, as follows:

"During the 3-year period beginning on the filing date, a copy of the annual return filed under Section 6033 (relating to returns by exempt organizations) by any organization to which this paragraph applies shall be made available by such organization for inspection during regular business hours by any individual at the principal office of the organization and, if such organization regularly maintains 1 or more regional or district offices having 3 or more employees, at such regional or district office."

Since state-chartered credit unions must make a copy of the Form 990 available in their offices, we are providing a copy of the 2003 consolidated Form 990. If you have any questions, please contact this office.

Sincerely,

Roger W. Little, Deputy Commissioner

LINDA A. WATTERS

Credit Union Division

Enclosure

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Open to Public

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service For the 2003 calendar year, or tax year beginning 2003, and ending . 20 Please use IRS D Employer identification number C Name of organization B Check if applicable: Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite print or E Telephone number Name change type. Initial return Specific City or town, state or country, and ZIP + 4 F Accounting method: Cash Final return Instruc-☐ Other (specify) ► Amended return H and I are not applicable to section 527 organizations. • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending trusts must attach a completed Schedule A (Form 990 or 990-EZ). **H(b)** If "Yes," enter number of affiliates ▶ G Website: ▶ **H(c)** Are all affiliates included? ☐ Yes ☐ No J Organization type (check only one) ►  $\square$  501(c) ( )  $\triangleleft$  (insert no.)  $\square$  4947(a)(1) or  $\square$  527 (If "No," attach a list. See instructions.) **H(d)** Is this a separate return filed by an Check here ▶ ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return. Group Exemption Number ▶ M Check ▶ ☐ if the organization is **not** required Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ to attach Sch. B (Form 990, 990-EZ, or 990-PF). Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.) Contributions, gifts, grants, and similar amounts received: 1a c Government contributions (grants) . . . . . . . 1c 1d d Total (add lines 1a through 1c) (cash \$ \_\_\_\_\_ noncash \$ 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 3 4 4 Interest on savings and temporary cash investments 5 Dividends and interest from securities . . . **6a** Gross rents . . . . . . . . . . . . . . . . . **b** Less: rental expenses . . . . . . . . . . . . . . 6b 6c c Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe > (B) Other (A) Securities 8a Gross amount from sales of assets other 8a than inventory . . . . . . . . . 8b **b** Less: cost or other basis and sales expenses. c Gain or (loss) (attach schedule) . . . . 8d d Net gain or (loss) (combine line 8c, columns (A) and (B)) . . . . . . . . . . . . Special events and activities (attach schedule). If any amount is from gaming, check here ightharpoonupa Gross revenue (not including \$ **b** Less: direct expenses other than fundraising expenses c Net income or (loss) from special events (subtract line 9b from line 9a) . **10a** Gross sales of inventory, less returns and allowances . . . **b** Less: cost of goods sold . . . . . . . . . . . . . . . Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) . 10c Other revenue (from Part VII, line 103) . . . . . . . . . . . 11 11 12 **Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 13 13 Program services (from line 44, column (B)) . . . . . . . . . . . . 14 14 Management and general (from line 44, column (C)) . . . . . . . . 15 15 Fundraising (from line 44, column (D)) Payments to affiliates (attach schedule) . . . 16 17 Total expenses (add lines 16 and 44, column (A)) 17 18 Assets 18 Excess or (deficit) for the year (subtract line 17 from line 12) . . . . . . 19 19 Net assets or fund balances at beginning of year (from line 73, column (A)) . . . 20 20 Other changes in net assets or fund balances (attach explanation) . . . . Net assets or fund balances at end of year (combine lines 18, 19, and 20)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

	•					
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	<b>(B)</b> Program services	(C) Management and general	( <b>D)</b> Fundraising
22	Grants and allocations (attach schedule)					
	(cash \$)	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule).	24				
25	Compensation of officers, directors, etc	25				
26	Other salaries and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33				
34	Telephone	34				
35	Postage and shipping	35				
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize): a	43a				
ъ b	•	43b				
C		43c				
d		43d				
e		43e				
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13—15	44				
Are If "Y (iii)	nt Costs. Check ► ☐ if you are following SOP any joint costs from a combined educational campaign es," enter (i) the aggregate amount of these joint cost the amount allocated to Management and general \$	and fu s \$	; <b>(ii)</b> the ; and <b>(iv)</b> the	e amount allocated e amount allocated	to Program services to Fundraising \$	
Pa	rt III Statement of Program Service Acco	ompli	<b>shments</b> (See p	age 25 of the in	istructions.)	
All o	at is the organization's primary exempt purpose? organizations must describe their exempt purpose achients served, publications issued, etc. Discuss achienizations and 4947(a)(1) nonexempt charitable trusts	hieve ievem	ments in a clear an ents that are not m	d concise manner. neasurable. (Section	State the number n 501(c)(3) and (4)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а						
	(G	rants	and allocations	\$	)	
b						
	(G	rants	and allocations	\$	)	
С						
•						
	(G	rants	and allocations	\$	)	
d						
	(G	rants	and allocations	\$	)	
	1 0 ,		and allocations	\$	)	
	Total of Program Service Expenses (should equ					

### Part IV Balance Sheets (See page 25 of the instructions.)

Note:		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		<b>(B)</b> End of year
	45	Cash—non-interest-bearing		45	
	46	Savings and temporary cash investments		46	
			•		
	47a	Accounts receivable			
		Less: allowance for doubtful accounts 47b		47c	
	48a	Pledges receivable			
		Less: allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employee			
		(attach schedule)		50	
	51a	Other notes and loans receivable (attach			
şts		schedule)			
Assets	b	Less: allowance for doubtful accounts		51c	
A	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54	Investments—securities (attach schedule) ▶ ☐ Cost ☐ FN	MV	54	
	55a	Investments—land, buildings, and			
		equipment: basis			
	b	Less: accumulated depreciation (attach schedule) 55b		55c	
	_,	361104410).		56	
	56	Investments—other (attach schedule)		//////	
		Land, ballangs, and equipment. basis			
	D	Less: accumulated depreciation (attach schedule)		57c	
	58	Other assets (describe >	)	58	
			/		
	59	Total assets (add lines 45 through 58) (must equal line 74)		59	
	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
	62	Deferred revenue		62	
es	63	Loans from officers, directors, trustees, and key employees (attac			
Liabilities		schedule)		63	
iab	64a	Tax-exempt bond liabilities (attach schedule)		64a	
_		Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ►	)	65	
	66	Total liabilities (add lines 60 through 65)			
		Total liabilities (add lines 60 through 65)		66	
	Orga	inizations that follow SFAS 117, check here ► and complete line	PS		
es	67	67 through 69 and lines 73 and 74.  Unrestricted		67	
anc	68	Temporarily restricted		68	
Net Assets or Fund Balances	69	Permanently restricted	•	69	
þ		inizations that do not follow SFAS 117, check here ▶ □ and			
Fur	Orga	complete lines 70 through 74.			
or	70	Capital stock, trust principal, or current funds		70	
ts	71	Paid-in or capital surplus, or land, building, and equipment fund .	I	71	
sse	72	Retained earnings, endowment, accumulated income, or other fund		72	
t A	73	Total net assets or fund balances (add lines 67 through 69 or line			
Se		70 through 72;			
		column (A) must equal line 19; column (B) must equal line 21).	.	73	
	74	Total liabilities and net assets / fund balances (add lines 66 and 73	3)	74	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Par	t IV-A	Reconciliation of Revenu Financial Statements wit Return (See page 27 of the	h Revenue	per	Part	F	econciliation of inancial Stater leturn			
а		nue, gains, and other support	a		а		enses and lo		///// a	
b	•	ed financial statements included on line <b>a</b> but not on orm 990:			b	Amounts i	nancial statemen Included on line , Form 990:			
(1)	Net unrea	lized gains nents \$			(1)	Donated and use of	services			
(2)	Donated				(2)	Prior year acreported or				
(3)		es of prior ts \$			(2)	Form 990 . Losses rep	<u>\$</u>			
(4)	Other (sp				(3)	line 20, For				
		\$			(4)	Other (spe	-			
		unts on lines (1) through (4) ►	b		-		<u>\$</u>			
С	Line a mi	nus line <b>b</b> ▶	С		С		nts on lines <b>(1)</b> th	-	b	
d	Amounts	included on line 12, ) but not on line <b>a</b> :			d	Amounts i	ncluded on line but not on line	17,		
(1)		t expenses led on line			(1)	Investment not include	•			
	6b, Form 9	990 \$				6b, Form 99	90 <u>\$</u>			
(2)	Other (sp	ecify):			(2)	Other (spe	-			
		<u>\$</u>								
е		unts on lines (1) and (2) ► enue per line 12, Form 990	d		e		ints on lines <b>(1)</b> nses per line 17,		d	
	(line c plu	ıs line <b>d</b> ) ▶	e	l 1/ [		(line c plus	s line <b>d</b> )	<u> ▶ </u>	e	07. /
Pai		st of Officers, Directors, To instructions.)	rustees, ar	ia key i	mpio	yees (List 6	_	not compens	sateo	; see page 27 of
		(A) Name and address		(B) Title a week o	ind avera devoted	age hours per to position	(C) Compensation (If not paid, enter -0)	(D) Contribution employee benefit p deferred compens	olans &	(E) Expense account and other allowances
75		ficer, director, trustee, or key er								
	-	on and all related organizations, of attach schedule—see page 2				as provided	by the related org	anizations?	<b>&gt;</b>	∐ Yes ☐ No

Par	t VI Other Information (See page 28 of the instructions.)		Yes	s No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity .	76		
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		
	If "Yes," attach a conformed copy of the changes.		<i>X/////</i>	
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?.	78a		
	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		
	Is the organization related (other than by association with a statewide or nationwide organization) through common		<b>X</b> /////	///////
ooa	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		
h	If "Yes," enter the name of the organization ▶			///////
D	and check whether it is $\square$ exempt <b>or</b> $\square$ nonexempt.		<i>}/////</i>	
Q12	Enter direct and indirect political expenditures. See line 81 instructions 81a		<i>}////!</i>	<i>X</i> //////
	Did the organization file Form 1120-POL for this year?	81b	,,,,,,	
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	-		1
oza	or at substantially less than fair rental value?	82a		
h	If "Yes," you may indicate the value of these items here. Do not include this amount		<b>X</b> /////	<b>X</b>
Ь	as revenue in Part I or as an expense in Part II. (See instructions in Part III.) [82b]		<i>}////</i>	<i>}}</i> /////
032	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X/////	· <i>X</i> //////
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		1
D	If "Yes," did the organization include with every solicitation an express statement that such contributions	84b	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	72//////
0E	or gifts were not tax deductible?	85a		+
85 h	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		+
Ь	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization		X////	
	received a waiver for proxy tax owed for the prior year.		<i>}////</i>	
_	Dues, assessments, and similar amounts from members		<i>}////!</i>	X/////
	Section 162(e) lobbying and political expenditures		<i>}////</i>	<i>}}//////</i>
u	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		<i>X/////</i>	
e f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		<i>}////</i>	X/////
1	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	<i>Y/////</i>	<i></i>
9				+
n	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax			
	year?	85h		
04	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . 86a		X/////	<i>Y</i>
86 h	50 7(5)(7) orgs. Effect. a minution rees and eaplier contributions included on line 12		<i>}////!</i>	<i>X</i> //////
	Gross receipts, included on line 12, for public use of club facilities		<i>}////</i>	<i>X</i> /////
87	50 (C)(12) Orgs. Effet. a Gross income from members of shareholders.	<i>\\\\\\</i>	<i>X/////</i>	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		<i>}////</i>	
	sources against amounts and or received from them,	_//////	<i>X/////</i>	·X//////
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
	partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		
000	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:		<b>X</b> /////	<i>///////</i>
69a	section 4911 ►; section 4912 ►; section 4955 ►		<i>X////</i>	<i>X//////</i>
h	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction		1	
ь	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	a statement explaining each transaction.	89b		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
C				
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization.			
	List the states with which a copy of this return is filed			
	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)			
91	The books are in care of ►			
-	Located at ► ZIP + 4 ►			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here			
_	and enter the amount of tax-exempt interest received or accrued during the tax year •   92			

Part '	VII	Analysis of Income-Producing Ac	tivities (See pa	age 3	3 of the in	nstructi	ons.	)	
Note:	Ent	ter gross amounts unless otherwise	Unrelated b	usines	s income	Excluded	by sec	tion 512, 513, or 514	(E)
indica	ited.		(A)		(B)	_ (C)		(D)	Related or exempt function
93	Prog	gram service revenue:	Business code	/	Amount	Exclusion	code	Amount	income
<b>a</b> .			_						
b.			_						
С.			_						
d.			_						
е.			_						
		licare/Medicaid payments							
_		s and contracts from government agencies							
		nbership dues and assessments							
		est on savings and temporary cash investments							
		dends and interest from securities		X//////					
		rental income or (loss) from real estate:		<i>X//////</i>		<i>(////////////////////////////////////</i>			<i>(((((((((((((((((((((((((((((((((((((</i>
		t-financed property							
		debt-financed property							
		er investment income							
		or (loss) from sales of assets other than inventory							
		income or (loss) from special events							
		ss profit or (loss) from sales of inventory.							
		er revenue: <b>a</b>							
е.									
104	Sub	total (add columns (B), (D), and (E))							
		al (add line 104, columns (B), (D), and (E)).						. •	
Note: I		105 plus line 1d, Part I, should equal the Relationship of Activities to the Acc							
Line I		Explain how each activity for which income of the organization's exempt purposes (other	is reported in colu	ımn (E	of Part VII	contribut	ted im		
Part	IX	Information Regarding Taxable Subsi	diaries and Disi	regar	ded Entitie	s (See ı	oage	34 of the instru	ctions.)
	Nier	(A)	(B)	- 3	(C)	(		(D)	(E)
	ıvan	ne, address, and EIN of corporation, partnership, or disregarded entity ow	Percentage of Interest		Nature of ac	tivities		Total income	End-of-year assets
			%						
			%						
			%						
			%						
Part	X	Information Regarding Transfers Assoc	iated with Perso	onal B	enefit Cont	racts (S	ee pa	age 34 of the ins	tructions.)
(b)	Did	ne organization, during the year, receive any funds, di the organization, during the year, pay pren "Yes" to <b>(b)</b> , file Form 8870 <b>and</b> Form 47	niums, directly o	r indir		•			☐ Yes ☐ No ☐ Yes ☐ No
Please		Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ned this return, including of preparer (other	ing acc than of	ompanying scl ficer) is based	hedules ar on all info	nd stat ormatio	ements, and to the bon of which preparer	est of my knowledge has any knowledge.
Sign	-	<b>\</b>							
Here		Signature of officer					D	ate	
IIGIC		<b>\</b>							
	$\perp$	Type or print name and title.							
Paid		Preparer's signature			ate	Check if self- employed	d ▶ [	Preparer's SSN or	PTIN (See Gen. Inst. W)
Preparer Use Only		Firm's name (or yours					EIN	<b>•</b>	
OSC OIII	y	if self-employed), address, and ZIP + 4					Phone	no. ▶ ( )	



# OFFICE OF FINANCIAL AND INSURANCE SERVICES DEPARTMENT OF LABOR & ECONOMIC GROWTH DAVID C. HOLLISTER. DIRECTOR

LINDA A. WATTERS COMMISSIONER

May 12, 2004

Internal Revenue Service Center Ogden, UT 84201-0027

Re: 2003 Return - EIN 38-6092097 - Group Exemption No. 1359

This 2003 return is filed in accordance with Revenue Ruling 60-364 and in compliance with the requirements of Henry Needham's December 31, 1956, letter and with subsequent IRS instructions.

This enclosed 2003 Form 990 group return is filed based on reports submitted by 271 individual credit unions. We can assume no liability for these individual credit union reports. Liability, if any, for accuracy of these individual reports, tax interpretations, filing of any 990T, and tax liability remains the responsibility of the individual credit union.

Authorization is assumed under the supervisory authority delegated this Bureau by the Michigan Statutes and as authorized by the individual credit unions.

#### Also enclosed are:

- \* Consolidated Annual Report of Michigan State-Chartered Credit Unions for 2003.
- \* A list of the 271 Michigan state-chartered credit unions as of December 31, 2003, including their name, address, and employer identification number per Item J, Group Return Instructions.

Sincerely,

Roger W. Little, Deputy Commissioner Credit Union Division

**Enclosures** 



## OFFICE OF FINANCIAL AND INSURANCE SERVICES DEPARTMENT OF LABOR & ECONOMIC GROWTH

DAVID C. HOLLISTER, DIRECTOR

LINDA A. WATTERS COMMISSIONER

EIN: 38-6092097

State of Michigan Department of Consumer & Industry Services Office of Financial and Insurance Services P.O. Box 30220 Lansing, MI 48909

2003 Form 990

#### Part I, Line 8c - Gain (Loss)

Totals reported on line 8c represent net gains realized by state-chartered credit unions on the sale of investment securities and fixed assets used in the production of exempt activities. Information for lines 8a and 8b is not available on a consolidated basis; however, credit unions are required to maintain all information necessary to make an accurate determination of such gains or losses.



## OFFICE OF FINANCIAL AND INSURANCE SERVICES DEPARTMENT OF LABOR & ECONOMIC GROWTH DAVID C. HOLLISTER, DIRECTOR

LINDA A. WATTERS COMMISSIONER

EIN: 38-6092097

State of Michigan Department of Consumer & Industry Services Office of Financial and Insurance Services P.O. Box 30220 Lansing, MI 48909

2003 Form 990

### Part I, Line 20 - Other Changes in Net Assets or Fund Balances



## STATE OF MICHIGAN OFFICE OF FINANCIAL AND INSURANCE SERVICES DEPARTMENT OF LABOR & ECONOMIC GROWTH

DAVID C. HOLLISTER, DIRECTOR

LINDA A. WATTERS COMMISSIONER

EIN: 38-6092097

State of Michigan Department of Consumer & Industry Services Office of Financial and Insurance Services P.O. Box 30220 Lansing, MI 48909

2003 Form 990

### Part II, Line 24, Benefits Paid to or for Members

This balance consists entirely of payments made by credit unions for members' disability and life insurance. Schedules are not available on a consolidated basis; however, records of all insurance coverages, and premiums paid, are maintained within the 271 state-chartered credit unions.



## STATE OF MICHIGAN OFFICE OF FINANCIAL AND INSURANCE SERVICES DEPARTMENT OF LABOR & ECONOMIC GROWTH

DAVID C. HOLLISTER, DIRECTOR

LINDA A. WATTERS COMMISSIONER

EIN: 38-6092097

State of Michigan Department of Consumer & Industry Services Office of Financial and Insurance Services P.O. Box 30220 Lansing, MI 48909

#### 2003 Form 990

### Part II, Line 43 - Other Expenses

Office Operations	37,050,514
Education and Promotion	23,031,671
Loan Servicing	35,338,678
Provision for Loan Losses	50,768,700
Fees and Charges	. 4,574,758
Dividends and Interest Paid on Member Shares and Deposits 3	21,297,406
Miscellaneous	22,307,911
\$ 5	94 <u>,369,638</u>



## STATE OF MICHIGAN OFFICE OF FINANCIAL AND INSURANCE SERVICES DEPARTMENT OF LABOR & ECONOMIC GROWTH

DAVID C. HOLLISTER, DIRECTOR

LINDA A. WATTERS COMMISSIONER

EIN: 38-6092097

State of Michigan Department of Consumer & Industry Services Office of Financial and Insurance Services P.O. Box 30220 Lansing, MI 48909

2003 Form 990

### Part IV, Line 50 - Receivables Due from Officers, Directors, Etc.

Amounts presented as loans to officials are the totals of all loans outstanding to directors and committee persons of 271 Michigan state-chartered credit unions.



## OFFICE OF FINANCIAL AND INSURANCE SERVICES DEPARTMENT OF LABOR & ECONOMIC GROWTH

DAVID C. HOLLISTER, DIRECTOR

LINDA A. WATTERS COMMISSIONER

EIN: 38-6092097

State of Michigan Department of Consumer & Industry Services Office of Financial and Insurance Services P.O. Box 30220 Lansing, MI 48909

2003 Form 990

Part VI, Line 82a - Donated Services Received or the Use of Materials, Equipment, or Facilities at No Charge or at Substantially Less than Fair Rental Value

Several of the 271 Michigan state-chartered credit unions receive use of facilities, supplies, or equipment at no cost or reduced cost. This is in keeping with the credit unions' production of exempt services. Credit unions are not required to report the fair market value of donated facilities, supplies, or equipment.



### OFFICE OF FINANCIAL AND INSURANCE SERVICES DEPARTMENT OF LABOR & ECONOMIC GROWTH

ARTMENT OF LABOR & ECONOMIC GROWTH DAVID C. HOLLISTER, DIRECTOR

State of Michigan Department of Consumer & Industry Services Office of Financial and Insurance Services P.O. Box 30220 Lansing, MI 48909 LINDA A. WATTERS COMMISSIONER

EIN: 38-6092097

2003 Form 990

### <u>Part VIII - Relationship of Activities to Accomplishment of Exempt Purposes</u>

93a	Loans to credit union members
93b	Recovery of costs incurred providing financial services to credit union
	members
93c	Processing fees for member loans; recovery of a portion of the costs
	incurred providing various benefits to members at no cost to
	members, other miscellaneous services provided to members
96, 99	Provision of liquidity requirements and earnings
100	Sale of various assets providing additional liquidity, sale of assets for the
	purpose of replacement with assets that will enhance program services
	provided to members
103b	Revenue indirectly related to program services, earned as a
	consequence of providing program services



## OFFICE OF FINANCIAL AND INSURANCE SERVICES DEPARTMENT OF LABOR & ECONOMIC GROWTH DAVID C. HOLLISTER, DIRECTOR

LINDA A. WATTERS COMMISSIONER

EIN: 38-6092097

State of Michigan Department of Consumer & Industry Services Office of Financial and Insurance Services P.O. Box 30220 Lansing, MI 48909

2003 Form 990

## <u>Part IX – Information Regarding Taxable Subsidiaries and Disregarded Entities</u>

Information on taxable subsidiaries is maintained by individual investor credit unions. Subsidiaries exist primarily for the extension of credit union service activities. Income and assets of subsidiaries is consolidated with investors when applicable and, as such, is included with this return.



### OFFICE OF FINANCIAL AND INSURANCE SERVICES DEPARTMENT OF LABOR & ECONOMIC GROWTH

ARTMENT OF LABOR & ECONOMIC GROWTH DAVID C. HOLLISTER, DIRECTOR

LINDA A. WATTERS
COMMISSIONER

EIN: 38-6092097

State of Michigan Department of Consumer & Industry Services Office of Financial and Insurance Services P.O. Box 30224 Lansing, MI 48909

### 2003 Form 990

### CREDIT UNIONS MERGED DURING 2003

DATE	FROM	INTO
01/01/03	Holland Machine Employees CU	Holland Central CU 259 East 24 <sup>th</sup> Street Holland, MI 49423
01/01/03	Grand Shore Credit Union	Lake Michigan Credit Union 3809 Lake Eastbrook Boulevard, SE Grand Rapids, MI 49501
01/01/03	St. Mark's Credit Union	Christian Financial Credit Union 18441 Utica Road Roseville, MI 48066
06/30/03	Riverview Community CU	Trenton Federal Credit Union 4550 Division Street Trenton, MI 48183
07/01/03	Gateway Credit Union	Frankenmuth Credit Union 580 North Main Street Frankenmuth, MI 48734
10/01/03	Eloise Credit Union	Chief Pontiac Federal Credit Union 790 Joslyn Ave Pontiac, MI 48340
12/01/03	Employees of Keebler CU	Spartan Stores Credit Union

 $1509~36^{\rm th}$  Street Grand Rapids, MI 49509



### OFFICE OF FINANCIAL AND INSURANCE SERVICES DEPARTMENT OF LABOR & ECONOMIC GROWTH

DAVID C. HOLLISTER, DIRECTOR

LINDA A. WATTERS COMMISSIONER

EIN: 38-6092097

State of Michigan Department of Consumer & Industry Services Office of Financial and Insurance Services P.O. Box 30224 Lansing, MI 48909

2003 Form 990

#### **CREDIT UNION NAME CHANGES DURING 2003**

DATE	FROM	ТО
05/20/03	TBA Education Credit Union	TBA Credit Union (EIN# 38-1602298)
07/01/03	Aeroquip Employees Credit Unio	on Aeroquip Credit Union (EIN# 38-2343676)
07/01/03	Detroit Federal Employees CU	Peoples Trust Credit Union (EIN# 38-0478780)
08/01/03	Saginaw Municipal Credit Union	Family First CU (EIN# 38-1341100)
09/01/03	United Saginaw Credit Union	United Financial Credit Union (EIN# 38-1777731)
10/01/03	Detroit Postal Employees CU	Postal & Federal Family CU of Metro Detroit (EIN# 38-0480620)
10/15/03	United Bay City Credit Union	United Bay Community Credit Union (EIN# 38-1395700)